STATE OF CALIFORNIA Electronic Recording Delivery System (ERDS) Request for Replacement of Certificate and/or Documents

ERDS 0006 (orig. 06/06)



## **Electronic Recording Delivery System** Request for Replacement of Certificate and/or Documents

TYPE OR PRINT (IN INK) ALL INFORMATION REQUESTED ON THE APPLICATION FORM. SIGNATURE MUST BE ORIGINAL.

## **DEPARTMENT OF JUSTICE** Division of California Justice Information Services CJIS Operations Support Bureau

Electronic Recording Delivery System Program Telephone: (916) 227-8907

FAX: (916) 227-0595 E-mail: erds@doj.ca.gov

DOJ USE ONLY							
Cert # Date rec'd Response date Analyst							
HDC date Rev. by							
☐ Approved	☐ Denied						

	est a duplic	cate certificat	e or copies	s of any documer	nts pertaining	tor, or County Recorder may to their application submission.
	CERTIFICATE (	(LOST, STOLEN, OR	DESTROYED)	CERTIFICATION NUM	BER:	<del></del>
	APPLICATIONS ERDS 0001A ERDS 0001B ERDS 0002 ERDS 0003	APPLICATION FOR APPLICATION FOR APPLICATION FOR	R SUB-COUNTY R DOJ COMPUT			
	COMPUTER SE ESCROW LETT SUB-COUNTY! (LIST SUB-CO ERDS 000 COUNTY	ATTACHMENT TO VENDOR APPLICA STATEMENT OF UIDUTION RDS SOFTWARE CONTROL OF THE CO	NTION FORM FO NDERSTANDIN ONTRACT CONTRACT FOR SUB-COL		CATION	REFERENCE(S)  OR ALL
	clare under p lication subm		under the la	aws of the State of C	alifornia that the	e requested documents pertain to my
	nature:					Date:
	nt Name:					
Ma	iling Addres	ss:				
City	y:		State:		_ Zip Code: _	
Tele	ephone #: _			E-Mail Address:		
The		his application and				nt of Justice and will be used by authorized ion Practices Act of 1977, Civil Code Section

Mail to: State of California

Department of Justice

CJIS Operations Support Bureau

Electronic Recording Delivery System Program

P.O. Box 160526

Sacramento, CA 95816-0526